

## WEST VIRGINIA EMERGENCY RESPONSE COMMISSION

2015

## ANNUAL TIER II FACILITY FILING FEE WORKSHEET

DATE FEE PAYMENT \_\_\_\_\_

CALENDAR YEAR ENDING DECEMBER

## Facility Information (please print or type)

Company Name:	<b>DO NOT WRITE IN THIS BOX</b>
Facility Name:	
Address:	
City: State:	
ZIP Code:	
County:	
Contact Person:	
Telephone:	
E-Mail:	

## III. FEE CALCULATION

**LINE A:** BASE TIER II FILING FEE**A)** 25.00**LINE B:** ENTER THE TOTAL NUMBER OF STORAGE FACILITIES FOR WHICH YOU  
YOU ARE SUBMITTING TIER II INFORMATION **B)** \_\_\_\_\_**LINE C:** AS IDENTIFIED IN LINE B SUBTRACT 35 FROM THE TOTAL NUMBER LISTED  
(IF THIS NUMBER IS 0 THEN ENTER 0) **C)** \_\_\_\_\_**LINE D:** MULTIPLY NUMBER ON **LINE C** \_\_\_\_\_ X \$10 ENTER ON LINE D**D)** \_\_\_\_\_**LINE E:** ADD LINE A AND LINE D**E)** \_\_\_\_\_IF YOUR PAYMENT IS POST MARKED AFTER MARCH 31, YOUR FACILITY MUST PAY A 20 % LATE  
FEE.**F)** \_\_\_\_\_**LINE G:** TIER II TOTAL FILING FEE**G)** \_\_\_\_\_**THIS WORKSHEET & CALCULATED FEE MUST BE SUBMITTED WITH YOUR TIER II INFORMATION BY MARCH 1**